

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Globe  
Town of Globe  
or  
City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 124

No. Gila County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bernice Joyce Braley (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth 6-13-27  
Month Day Year

8. FATHER  
Full name Arthur Chapman Braley  
9. Residence (Usual place of abode)  
If non-resident, give place and state. Globe, Arizona  
10. Color or race White  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Douglas, Arizona  
(State or country)  
13. Occupation  
Nature of industry laborer.

14. MOTHER  
Full maiden name Ada Belle Watson  
15. Residence (Usual place of abode)  
If non-resident, give place and state. Globe, Arizona  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Douglas Arizona  
(State or country)  
19. Occupation  
Nature of industry House wife

20. Number of children of this mother:  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Bernice at 6:00 A. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. W. Adams  
Address Box 636, Globe, Arizona  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year 22 8-165  
Registrar \_\_\_\_\_  
Filed 6-30, 1927 \_\_\_\_\_  
Local Registrar \_\_\_\_\_  
County Registrar \_\_\_\_\_